

Fairbanks North Star Borough
Application for
Van Tran-Parks & Recreation Paratransit Service

Van Tran-Parks & Recreation Paratransit Service meets the requirements of the Americans with Disabilities Act (ADA) and is provided to those people whose physical, cognitive or sensory disabilities prevent them from getting to and from and/or boarding the MACS Transit System, the fixed route bus system. Disability alone does not qualify an individual for ADA paratransit service. Eligibility is based on the applicant's functional capabilities.

In order to apply for eligibility for *Van Tran-Parks & Recreation Paratransit Service* you must do the following:

1. **Complete** and **Sign** the *Van Tran-Parks & Recreation Paratransit Service* application, **answering all the questions** or the application will be considered incomplete and returned to you.
2. Obtain a *FNSB Parks & Recreation Participant* form from Parks & Recreation Department to be completed, signed and turned into Parks & Recreation Department; to be approved, which a copy will be emailed/or faxed by Program Facilitator from Parks & Recreation Department to: Van Tran

Your eligibility will be determined after Van Tran receives:

1. *Van Tran-Parks and Recreation Paratransit Service* application
2. *FNSB Parks and Recreation Participant* application

A Certificate of Eligibility will be mailed to the mailing address listed on the Van Tran-Parks & Recreation Paratransit Service application, along with a Riders Handbook and a copy of the Fairbanks North Star Borough Transportation Paratransit Cancellation Policy.

People who need assistance to complete the application may call the Van Tran customer service office at 459-1010, option 2.

Please do not return the instruction pages with your application.

Van Tran-Parks & Recreation Paratransit Eligibility Determination

Those people who are determined eligible for Van Tran-Parks Paratransit Service will be given one of the following, based upon their functional capabilities.

Conditional Eligibility

Van Tran service will be provided for certain trips for which it is determined that the person's disability prevents him or her from using MACS Transit independently.

Appeal Process

Applicants who are determined not eligible, or who do not agree with the conditions established for their use of Van Tran may request a review of their eligibility by submitting an appeal in writing to the Fairbanks North Star Borough Transportation Director. Information regarding the appeal process is provided when an applicant receives notification of eligibility.

Where to send the application, or to ask questions:

Return the application by mail or fax.

Phone: (907) 459-1010 option 2

Fax: 907-459-7408

Email: vantran@fnsb.gov

Mail: Fairbanks North Star Borough
Attn: Van Tran
501 Cushman St Transit Center
Fairbanks, Alaska 99701

VAN TRAN/Parks and Recreation APPLICATION

All questions must be answered before your application will be considered.
Incomplete applications will be returned and will delay the process.

Part One - Contact Information

Last Name: _____ First _____ Middle Initial _____

Residence Address:

Street _____ Apt# _____

City _____ State _____ Zip _____

Mailing Address:

Street _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E mail: _____

Date of Birth: _____

Sex: Male Female

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Part Two - ADA Applicant Information

1. Are you a: Current Van Tran Rider New Applicant Visitor
2. What type of impairment or limitation prevents you from using MACS Transit buses?
 - None Mental Illness Physical Disability
 - Brain Injury Developmental Disability
 - Visual Legally Blind Totally Blind
 - Other _____

Medical / Clinical Diagnosis (s)

Briefly explain how the impairment(s) or limitation(s) prevent you from using MACS Transit buses.

3. Is your disability or health condition:

- Permanent
- Weather related?
- Temporary, expected to last until _____
- Varies, please explain _____

4. Can you stand outside without support for 15 – 30 minutes? Yes No

5. Can you sit outside for 15 – 30 minutes? Yes No

6. Please indicate the primary mobility aids you use when traveling in the community:

- | | | |
|------------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Support cane | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Picture Board |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Alphabet Board |
| <input type="checkbox"/> Low Vision Aid | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Oxygen Tank |
| <input type="checkbox"/> None | | |

7. Do you use a service animal? Yes No

If yes, what type animal? _____

What function does the service animal provide regarding your transportation?

Is the animal certified? Yes No

8. Is your wheelchair or scooter device greater than 30 inches wide and 48 inches long?

- Yes No N/A

9. Does your wheelchair or scooter device exceed 600 pounds when occupied by applicant?

- Yes No N/A

10. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person provided by you to help with your daily needs. Yes No

Part 4 – Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use MACS Transit bus service and will require Van Tran service. I understand that the medical information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I give permission for Van Tran to contact the professional who has filled-out this application or given supplemental verification of my condition.

Applicant Signature: _____ Date: _____

Person completing this form if other than Applicant (check one):

- I certify the information in this application is true and correct based upon the information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability and that I have legal authority to complete this application.

Print Name: _____ Day Phone: _____

Signature: _____ Date: _____

Relationship to Applicant: _____ Agency: _____